

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28000

FILED SEP 6 1941

Registration District No. 165

Primary Registration District No. 5234

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural - Caplingers Mill, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Washington Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____ Most of life
years, months or days)

3. (a) PRINT FULL NAME Larkin Kig Hicks

3. (b) If veteran, name war _____ 3. (c) Social Security No. 965
500-05-9272

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Hicks 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 30 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 11 _____ hr. _____ min.

9. Birthplace Caplinger Mills, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jim Hicks

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clementine House

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Ella Hicks

(b) Address Caplinger Mills, Mo.

17. (a) Burial (b) Date thereof Aug. 11, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. C. Davis & Co

(b) Address Stockton, Mo.

19. (a) Aug 20 - 41 (b) Mrs Winnie Bartelton
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Stockton Caplingers Mill
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 41 hour 03:00 minute A. M.

21. I hereby certify that I attended the deceased from July 10 1939 to Aug. 11 1941;
that I last saw him alive on Aug. 29 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial degeneration

Due to _____

Due to 92.13

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (Means of injury) in

23. Signature J. J. L. L. L. (M. D. or other) D.O.

Address Stockton, Mo. Date signed 8-14-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1605-

Date Filed 9-5-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.